


PRINTED: 10/27/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/24/2015
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETE DATE
[C 000]	Initial Comments Report by Robin Fay and Glenn Hoppin DHSR Construction Section conducted a Biennial Follow-up Survey on September 24, 2015 from 10:00 AM to 10:30 AM at the above referenced facility. Not all of the previous cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	[C 000]		
[C 137]	Bathroom-Mechanical Ventilation SECTION .0300- THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathroom shall be lighted to provide 30 Foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidence by: 1. Based on observation, the mechanical exhaust was not maintained operating. Findings include: The exhaust fan in the back middle bathroom is not working. 9/24/2015 - RF/GH: At the time of the follow-up Survey the exhaust fan in the back middle bathroom was not operable. Repair or replace unit. Provide documentation to this office that the work has been completed with an invoice, photograph or work order.	[C 137]	Administrator purchased a new ventilation fan and installed it on November 2, 2015 	11/2/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

STATE FORM

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If continuation sheet 1 of 3

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{C174}	Continued From page 1	{C174}		
{C174}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, Mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.</p> <p>This rule is not met as evidence by: 3. b) The ramp to the bathroom is not protected by handrail the entire length. Install end bracket to secure handrail. Provide documentation to this office that work has been completed with an invoice, photograph or work order</p> <p>9/24/2015 - RF/GH: Handrail along the ramp to the bathroom is missing an end bracket. Install another bracket to secure handrail. Provide documentation to this office that work has been completed with an invoice, photograph or work order.</p> <p>5. Based on observation, the electrical components were not maintained operable.</p> <p>Finding include: There are three emergency lights in the corridor with dead batteries</p> <p>9/24/2015 - RF/GH: At the time of the follow-up survey the corridor emergency lights were not annually operable. Replace batteries. Provide documentation to this office that the work has been completed with an invoice, photograph or work order.</p>	{C174}	<p>Handrail bracket installed to secure handrail</p> <p>11/2/15</p> <p>Administrator purchased and replaced batteries in the emergency lights in corridor</p> <p>11/2/15</p>	

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